

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED  
05 APR 21 PM 2:47

FRANKLIN COUNTY  
OFFICE OF ELECTIONS

Full Name of Committee <b>Jay Perez for Judge Committee</b>						Registration Number, if PAC					
Full Name of Candidate <b>Jay Gregg Perez</b>											
Street Address <b>5 E Long Street, Ste 404</b>						Office Sought <b>Judge</b>			District		
City <b>Columbus</b>						State <b>O H</b>		Zip Code <b>43215</b>			
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year	
		July		August		September		Termination		Semiannual	
Amended Report?		Report Electronically filed?		Date of Election				M		D	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>1 1 0 8 0 5</b>							

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 0.00
2. Total monetary contributions (From Form No. 31-A)	\$ 3,339.02
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 3,339.02
5. Total monetary expenditures (From Form No. 31-B)	\$ 2,285.16
6. Balance on hand (line 4 minus line 5)	\$ 1,053.86
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 3,484.61
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

**Layla Turback, Treasurer**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

**4-20-05**

Date

Contribution pages <b>6</b>
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Expenditure pages <b>6</b>
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Other pages <b>2</b>
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Total pages <b>14</b>
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# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>							
Full Name of Contributor <b>Layla Turback</b>					Registration Number, if PAC		
Street Address <b>562 Belvidere Ave</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43223</b>	M <b>0</b>	D <b>1</b>	Y <b>1</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Aaron Rsoenfeld</b>					Registration Number, if PAC		
Street Address <b>2780 Elm Ave</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43209</b>	M <b>0</b>	D <b>2</b>	Y <b>2</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Rebecca Miller</b>					Registration Number, if PAC		
Street Address <b>2508 Canterbury Rd</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Jack D'Aurora</b>					Registration Number, if PAC		
Street Address <b>50 W Broad St, Ste 1200</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Cynthia Frazier-Keller</b>					Registration Number, if PAC		
Street Address <b>1253 Wexford Green</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43228</b>	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Hillard Abroms</b>					Registration Number, if PAC		
Street Address <b>753 S. Front St.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43206</b>	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Michael Johrendt</b>					Registration Number, if PAC		
Street Address <b>24 E Gay St.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Yuliya Turback</b>					Registration Number, if PAC		
Street Address <b>373 Enfield Falls Rd</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Ithaca</b>	State <b>N Y</b>	Zip Code <b>14850</b>	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>150.00</b>	

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.  
If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 700.00

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>							
Full Name of Contributor <b>Lawrence Abramson</b>					Registration Number, if PAC		
Street Address <b>2511 Bryden Rd</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Bexley</b>	State <b>O   H</b>	Zip Code <b>43209</b>	M <b>0   3</b>	D <b>0   7</b>	Y <b>0   5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Timothy Boone</b>					Registration Number, if PAC		
Street Address <b>1349 E. Broad St.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43205</b>	M <b>0   3</b>	D <b>0   9</b>	Y <b>0   5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Linda Rogovin</b>					Registration Number, if PAC		
Street Address <b>8142 Creek Hollow Rd</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Blacklick</b>	State <b>O   H</b>	Zip Code <b>43004</b>	M <b>0   3</b>	D <b>1   5</b>	Y <b>0   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Frances Amato</b>					Registration Number, if PAC		
Street Address <b>723 Ave "M"</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Brooklyn</b>	State <b>N   Y</b>	Zip Code <b>11230</b>	M <b>0   3</b>	D <b>1   8</b>	Y <b>0   5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Mark Serrott</b>					Registration Number, if PAC		
Street Address <b>789 Northwest Blvd</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43212</b>	M <b>0   3</b>	D <b>1   8</b>	Y <b>0   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Geralyn Hoffman</b>					Registration Number, if PAC		
Street Address <b>2389 Collins Dr.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Worthington</b>	State <b>O   H</b>	Zip Code <b>43085</b>	M <b>0   3</b>	D <b>1   8</b>	Y <b>0   5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Marlowe Turback</b>					Registration Number, if PAC		
Street Address <b>1531 6th St, Apt. 502</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Santa Monica</b>	State <b>C   A</b>	Zip Code <b>90401</b>	M <b>0   3</b>	D <b>2   5</b>	Y <b>0   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Sallynda Rothchild Dennison</b>					Registration Number, if PAC		
Street Address <b>500 S. Front St, Ste 102</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   3</b>	D <b>2   5</b>	Y <b>0   5</b>	Amount <b>100.00</b>	

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.  
If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 600.00

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Jay Perez for Judge</b>							
Full Name of Contributor <b>Allen Reis</b>					Registration Number, if PAC		
Street Address <b>3250 Knoll Dr.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Gahanna</b>	State <b>O</b> <b>H</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Marsha Pond</b>					Registration Number, if PAC		
Street Address <b>1685 Trumansburg Rd</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Ithaca</b>	State <b>N</b> <b>Y</b>	Zip Code <b>14850</b>	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>Debra Amato</b>					Registration Number, if PAC		
Street Address <b>117 Congress St.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Brooklyn</b>	State <b>N</b> <b>Y</b>	Zip Code <b>11201</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Robert Eunice</b>					Registration Number, if PAC		
Street Address <b>1111 Twilight Dr.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Reynoldsburg</b>	State <b>O</b> <b>H</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Contributions from Form 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>739.02</b>	
Full Name of Contributor <b>Contributions from Form 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>650.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

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Page Total \$ 2,039.02

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>					
Full Name of Contributor <b>Claire McCartney</b>				Registration Number, if PAC	
Street Address <b>2323 Glendon Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0</b>
City <b>University Heights</b>	State <b>O</b>	Zip Code <b>44118</b>	Form(Cash,Check,etc) <b>check</b>		Amount <b>10.00</b>
Full Name of Contributor <b>Robin Link</b>				Registration Number, if PAC	
Street Address <b>862 Ridenour Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>check</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Juan Miranda</b>				Registration Number, if PAC	
Street Address <b>176 River's Edge Way</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0</b>
City <b>Gahanna</b>	State <b>O</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Hector Villarreal</b>				Registration Number, if PAC	
Street Address <b>939 E Dublin-Granville Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43054</b>	Form(Cash,Check,etc) <b>money order</b>		Amount <b>249.51</b>
Full Name of Contributor <b>Victor Saucedo</b>				Registration Number, if PAC	
Street Address <b>2670 E Dublin-Granville Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43231</b>	Form(Cash,Check,etc) <b>money order</b>		Amount <b>249.51</b>
Full Name of Contributor <b>Eileen Paley</b>				Registration Number, if PAC	
Street Address <b>668 Bellamy Pl.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43213</b>	Form(Cash,Check,etc) <b>check</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Brad Billinger</b>				Registration Number, if PAC	
Street Address <b>156 Ludney St.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>cash</b>		Amount <b>10.00</b>

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

739.02
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Total expenditures this event

385.12
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Page Total \$ 669.02
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Event Date	03-30-05
Page	6

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>					
Full Name of Contributor <b>Jason Anderson</b>				Registration Number, if PAC	
Street Address <b>2419 Home Rd</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   3   0   0   5</b>	Amount <b>20.00</b>
City <b>Delaware</b>	State <b>O   H</b>	Zip Code <b>43015</b>		Form(Cash,Check,etc) <b>cash</b>	
Full Name of Contributor <b>Marco Aguado</b>				Registration Number, if PAC	
Street Address <b>35 E Gay St.</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   3   0   0   5</b>	Amount <b>10.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>cash</b>	
Full Name of Contributor <b>Dean Hernandez</b>				Registration Number, if PAC	
Street Address <b>605 Tansy Lane</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   3   0   0   5</b>	Amount <b>40.00</b>
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43081</b>		Form(Cash,Check,etc) <b>cash</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M   D   Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M   D   Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M   D   Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M   D   Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

739.02

Total expenditures this event

385.12

Page Total \$ 70.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>				
Full Name of Contributor <b>William Catalano</b>			Registration Number, if PAC	
Street Address <b>580 S. High St.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   3   1   0   5</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Aaron Rosenfeld</b>			Registration Number, if PAC	
Street Address <b>2780 Elm Ave</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   4   0   7   0   5</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Ted Barrows</b>			Registration Number, if PAC	
Street Address <b>4834 Sarasota Dr.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   4   1   1   0   5</b>	Amount <b>350.00</b>
City <b>Hilliard</b>	State <b>O   H</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

650.00

Total expenditures this event

455.01

Page Total \$ 650.00

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>									
To Whom Paid <b>MBNA America</b>						M 0	D 3	Y 3	Amount 35.00
Address <b>PO Box 15019</b>		Purpose <b>Register.com (domain name)</b>							
City <b>Wilimington</b>	State <b>D</b>	E <b>E</b>	Zip Code <b>19850</b>	Check Number <b>1002</b>					
To Whom Paid <b>MBNA America</b>						M 0	D 3	Y 3	Amount 34.95
Address <b>PO Box 15019</b>		Purpose <b>Register.com (host for website)</b>							
City <b>Wilimington</b>	State <b>D</b>	E <b>E</b>	Zip Code <b>19850</b>	Check Number <b>1003</b>					
To Whom Paid <b>MBNA America</b>						M 0	D 3	Y 3	Amount 19.99
Address <b>PO Box 15019</b>		Purpose <b>Register.com (website expense)</b>							
City <b>Wilimington</b>	State <b>D</b>	E <b>E</b>	Zip Code <b>19850</b>	Check Number <b>1004</b>					
To Whom Paid <b>MBNA America</b>						M 0	D 3	Y 3	Amount 39.98
Address <b>PO Box 15019</b>		Purpose <b>Register.com (fee for email associated w/ website)</b>							
City <b>Wilimington</b>	State <b>D</b>	E <b>E</b>	Zip Code <b>19850</b>	Check Number <b>1005</b>					
To Whom Paid <b>MBNA America</b>						M 0	D 3	Y 3	Amount 181.46
Address <b>PO Box 15019</b>		Purpose <b>CompUSA: 3749 Easton Mkt (printing supplies)</b>							
City <b>Wilimington</b>	State <b>D</b>	E <b>E</b>	Zip Code <b>19850</b>	Check Number <b>1006</b>					
To Whom Paid <b>MBNA America</b>						M 0	D 3	Y 3	Amount 181.41
Address <b>PO Box 15019</b>		Purpose <b>Staples: 1747 Olentangy River Rd (printing supplies)</b>							
City <b>Wilimington</b>	State <b>D</b>	E <b>E</b>	Zip Code <b>19850</b>	Check Number <b>1007</b>					
To Whom Paid <b>MBNA America</b>						M 0	D 3	Y 3	Amount 44.55
Address <b>PO Box 15019</b>		Purpose <b>Staples: 1747 Olentangy River Rd (paper, envelopes)</b>							
City <b>Wilimington</b>	State <b>D</b>	E <b>E</b>	Zip Code <b>19850</b>	Check Number <b>1008</b>					
To Whom Paid <b>MBNA America</b>						M 0	D 3	Y 3	Amount 370.00
Address <b>PO Box 15019</b>		Purpose <b>USPS: 850 Twin River Dr. (postage)</b>							
City <b>Wilimington</b>	State <b>D</b>	E <b>E</b>	Zip Code <b>19850</b>	Check Number <b>1009</b>					



# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>									
To Whom Paid <b>MBNA America</b>						M 0	D 4	Y 0	Amount <b>59.32</b>
Address <b>PO Box 15019</b>		Purpose <b>Staples: 1747 Olentangy River Rd (paper, envelopes)</b>							
City <b>Wilimington</b>	State <b>D</b>	E <b>E</b>	Zip Code <b>19850</b>	Check Number <b>1014</b>					
To Whom Paid <b>MBNA America</b>						M 0	D 4	Y 0	Amount <b>34.95</b>
Address <b>PO Box 15019</b>		Purpose <b>Register.com (website hosting fee)</b>							
City <b>Wilimington</b>	State <b>D</b>	E <b>E</b>	Zip Code <b>19850</b>	Check Number <b>1015</b>					
To Whom Paid <b>MBNA America</b>						M 0	D 4	Y 0	Amount <b>34.95</b>
Address <b>PO Box 15019</b>		Purpose <b>Register.com (website hosting fee)</b>							
City <b>Wilimington</b>	State <b>D</b>	E <b>E</b>	Zip Code <b>19850</b>	Check Number <b>1016</b>					
To Whom Paid <b>Sign-a-Rama</b>						M 0	D 4	Y 0	Amount <b>62.31</b>
Address <b>39 E. Gay Street</b>		Purpose <b>car magnets</b>							
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43215</b>	Check Number <b>1013</b>					
To Whom Paid <b>Jay Perez</b>						M 0	D 4	Y 0	Amount <b>31.15</b>
Address <b>614 Belvidere Ave</b>		Purpose <b>reimbursement (Sign-a-Rama - car magnet)</b>							
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43223</b>	Check Number <b>1020</b>					
To Whom Paid <b>Expenditures from Form 31-F</b>						M 0	D 3	Y 0	Amount <b>385.12</b>
Address		Purpose <b>fundraiser 03-30-05</b>							
City	State		Zip Code	Check Number					
To Whom Paid <b>Expenditures from Form 31-F</b>						M 0	D 4	Y 2	Amount <b>455.01</b>
Address		Purpose <b>fundraiser 04-20-05</b>							
City	State		Zip Code	Check Number					
To Whom Paid <b>Jay Perez</b>						M 0	D 4	Y 0	Amount <b>200.00</b>
Address <b>614 Belivdere Ave</b>		Purpose <b>payment toward outstanding debt (31-N)</b>							
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43223</b>	Check Number <b>1022</b>					

## Prescribed by Secretary of State 2/01

Page Total \$ 115.01

Event Date	<u>3/30/05</u>
Page	<u>11</u>

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full												
Jay Perez for Judge Committee												
To Whom Paid						M	D	Y	Amount			
Zola Dining Lounge						0	3	3	0	0	5	342.00
Address			Purpose									
782 N. High Street			food, drinks									
City			State		Zip Code		Check Number					
Columbus			O   H		43215		1001					
To Whom Paid						M	D	Y	Amount			
MBNA America						0	3	3	0	0	5	43.12
Address			Purpose									
PO Box 15019			Staples: 1747 Olentangy River Rd (name lables, markers)									
City			State		Zip Code		Check Number					
Wilmington			D   E		19850		1012					
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City			State		Zip Code		Check Number					
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City			State		Zip Code		Check Number					
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City			State		Zip Code		Check Number					
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City			State		Zip Code		Check Number					
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City			State		Zip Code		Check Number					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	<u>385.12</u>
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# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>									
To Whom Paid <b>Due Amici</b>						M <b>0</b>	D <b>3</b>	Y <b>2</b>	Amount <b>250.00</b>
Address <b>67 E. Gay Street</b>		Purpose <b>Deposit for 4-20-05 fundraiser</b>							
City <b>Columbus</b>		State <b>O</b>	H <b>H</b>	Zip Code <b>43215</b>		Check Number <b>1000</b>			
To Whom Paid <b>MBNA America</b>						M <b>0</b>	D <b>3</b>	Y <b>3</b>	Amount <b>32.02</b>
Address <b>PO Box 15019</b>		Purpose <b>Staples: 1747 Olentangy River Rd (paper for invitations)</b>							
City <b>Wilimington</b>		State <b>D</b>	E <b>E</b>	Zip Code <b>19850</b>		Check Number <b>1010</b>			
To Whom Paid <b>MBNA America</b>						M <b>0</b>	D <b>3</b>	Y <b>3</b>	Amount <b>148.00</b>
Address <b>PO Box 15019</b>		Purpose <b>USPS: 850 Twin River Dr. (postage)</b>							
City <b>Wilimington</b>		State <b>D</b>	E <b>E</b>	Zip Code <b>19850</b>		Check Number <b>1011</b>			
To Whom Paid <b>MBNA America</b>						M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>24.99</b>
Address <b>PO Box 15019</b>		Purpose <b>Target: 1717 Olentangy River Rd (paper for invitations)</b>							
City <b>Wilimington</b>		State <b>D</b>	E <b>E</b>	Zip Code <b>19850</b>		Check Number <b>1017</b>			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code	Check Number				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>									
To Whom Paid <b>MBNA America</b>						M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>115.01</b>
Address <b>PO Box 15019</b>		Purpose <b>Browncor Int. 5211 S. 3rd, Milwaukee, WI (boxes)</b>							
City <b>Wilimington</b>		State <b>D</b>	E <b>E</b>	Zip Code <b>19850</b>		Check Number <b>1018</b>			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Jay Perez for Judge</b>									
To Whom Owed <b>Jay Perez</b>						Prior Amount <b>0.00</b>		Amt. Incurred this Period <b>1,931.71</b>	
Address <b>614 Belvidere Ave</b>						Item or Purpose for Debt <b>printing sup.</b>		Outstanding Balance <b>1,731.71</b>	
City <b>Columbus</b>				State <b>O H</b>		Zip Code <b>43223</b>		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
				0	1	0	4	0	5
Registration Number, if PAC									
To Whom Owed <b>Jay Perez</b>						Prior Amount <b>0.00</b>		Amt. Incurred this Period <b>1,752.90</b>	
Address <b>614 Belvidere Ave</b>						Item or Purpose for Debt <b>campaign sup.</b>		Outstanding Balance <b>1,752.90</b>	
City <b>Columbus</b>				State <b>O H</b>		Zip Code <b>43223</b>		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
				0	4	0			
Registration Number, if PAC									
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
Registration Number, if PAC									

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 200.00 (also record on Form 31-B)

Total Outstanding Balance \$ 3,484.61 (also record on cover page)